

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Incorporation

with Document # 20201831970 of
BITs EXCHANGE

Colorado Nonprofit Corporation

(Entity ID # 20201831970)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/03/2021 that have been posted, and by documents delivered to this office electronically through 02/04/2021 @ 14:40:49.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/04/2021 @ 14:40:49 in accordance with applicable law. This certificate is assigned Confirmation Number 12918360.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

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Colorado Secretary of State
Date and Time: 09/25/2020 07:41 AM
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Document number: 20201831970
Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Nonprofit Corporation

filed pursuant to § 7-122-101 and § 7-122-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for
the nonprofit corporation is BITs EXCHANGE.

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the nonprofit corporation's initial principal office is

Street address 5120 N Broadway 302
(Street number and name)

Denver CO 80216
(City) (State) (ZIP/Postal Code)

United States
(Province – if applicable) (Country)

Mailing address
(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. The registered agent name and registered agent address of the nonprofit corporation's initial registered agent are

Name
(if an individual)

(Last) (First) (Middle) (Suffix)

OR

(if an entity) CLM ~ Concepts Learning Machine Limited Liability Company
(Caution: Do not provide both an individual and an entity name.)

Street address 5120 N Broadway 302
(Street number and name)

Denver CO 80216
(City) (State) (ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name

(if an individual)

(Last) (First) (Middle) (Suffix)

OR

(if an entity)

CLM ~ Concepts Learning Machine Limited Liability Company

(**Caution:** Do not provide both an individual and an entity name.)

Mailing address

5120 N Broadway 302

(Street number and name or Post Office Box information)

Denver CO 80216
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. (If the following statement applies, adopt the statement by marking the box.)

☐ The nonprofit corporation will have voting members.

6. Provisions regarding the distribution of assets on dissolution:

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7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

8. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

CATALANO	THOMAS		
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5120 N Broadway 302			
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Denver	CO	80216	
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	United States		
(Province – if applicable)	(Country)		

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☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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